Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees inflications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

49376	7590	01/29/2007
SENNIGE	RPOWERS	(RAYO)
ONE METR	OPOLITAN :	SOUARÉ
16TH FLOC	R	,
ST. LOUIS.	MO 63102	

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2883, on the date indicated below.

Melody M. Mammen 2007 (Dec

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/648,134 08/26/2003 Ernest Ndzeber RAYO 9236.9(RP-1596A) 3252

TITLE OF INVENTION: ALKALINE CELL WITH PERFORMANCE ENHANCING ADDITIVES

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/30/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KALAFUT	, STEPHEN J	1745	429-212000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTOSPI2) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSPI47, Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient frost page, list (1) the names of up to 3 registered patient automotys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automoty or agent) and the names of up to 2 registered patient automoty or a gent. If no name is 13 issue, to name will be printed.				
			THE PATENT (print or typ	ie)			
PLEASE NOTE: U recordation as set fo (A) NAME OF ASS Rayovac Co	nless an assignee is ident thin 37 CFR 3.11. Comp IGNEE orporation	ified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the pate a substitute for filling and (B) RESIDENCE: (CITY Madison, William)	ne) stemt. If an assignee is it sssignment. and STATE OR COUNT	RY)		
PLEASE NOTE: U recordation as set fo (A) NAME OF ASS Rayovac Co	nless an assignee is ident thin 37 CFR 3.11. Comp IGNEE orporation	ified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part T a substitute for filing and (B) RESIDENCE: (CITY	ne) stemt. If an assignee is it sssignment. and STATE OR COUNT	RY)		
PLEASE NOTE: U recordation as set for (A) NAME OF ASS Rayovac Collease check the appropriate the collowing fee(s) issue Fee Publication Fee (nless an assignee is ident th in 37 CFR 3.11. Comp IGNEE Drporation oriate assignee category or	ified below, no assignee pletion of this form is NO categories (will not be properties)	THE PATENT (print or typedata will appear on the part a substitute for filing an art as ubstitute for filing an interest on the patent): Madison, Within the patent): Dearment of Fec(s): (Pleacand Acheck is enclosed.	he) stem. If an assignee is it sassignment. and STATE OR COUNT SCONSIN Individual Carporati se first reapply any prev d. Form PTO-2038 is atta	(RY)	entity Government	

Typed or printed name Derick E. Allen Registration No. 43,468

This collection of information is required by 3 T CFR 311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 3 U.S.C. 122 and 3 T 787. 14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and the form and/or segregation for frequencing this burden, should be sent to the Chef information Officer, U.S. Persimetral Officer, U.S. Description of freedung in this burden, should be sent to the Chef information Officer, U.S. Persimetral Officer, U.S. Description of the Chef information Officer, U.S. Persimetral Officer, U.S. Persimetral

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.